



**EE Class: Non-Aligned school year (Personal Services)**

**YOUR COST-SHARE FOR EACH OF THE VEHI HEALTH PLAN OPTIONS**

**\*\*July 1, 2019 - June 30, 2020\*\***

\*\* Costs are based on a 1.0 FTE

<b>VEHI Platinum</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$722.14	\$515.09	\$207.05	\$112.94
Two-Person	\$1444.29	\$967.36	\$476.93	\$260.14
Parent/Child(ren)	\$1207.53	\$796.34	\$411.19	\$224.29
Family	\$2042.93	\$1426.80	\$616.13	\$336.07

- ☒ You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- ☒ Your HRA will be administered by: DataPath
- ☒ You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Platinum** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS OOP maximum</b>
Single	\$300	\$2,200	\$300	\$2,800
2 Person	\$700	\$4,300	\$600	\$5,600
Parent/Child(ren)	\$700	\$4,300	\$600	\$5,600
Family	\$700	\$4,300	\$600	\$5,600

**Prescription Claims:** HRA pays 100% of prescription with no HRA OOP

**HRA eligible expenses include:**

- ☒ Medical copayments
- ☒ Rx copayments
- ☐ All IRS qualified expenses
- ☒ Medical deductible
- ☒ Rx coinsurance
- ☒ Medical coinsurance

See HRA plan document for complete details (by request)



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<b>VEHI Gold</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$692.86	\$515.09	\$177.77	\$96.97
Two-Person	\$1385.72	\$967.36	\$418.36	\$228.20
Parent/Child(ren)	\$1159.54	\$796.34	\$363.20	\$198.11
Family	\$1961.30	\$1426.80	\$534.50	\$291.55

- ☒ You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- ☒ Your HRA will be administered by: DataPath
- ☒ You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Gold** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS OOP maximum</b>
Single	\$300	\$2,200	\$600	\$3,100
2 Person	\$700	\$4,300	\$1,200	\$6,200
Parent/Child(ren)	\$700	\$4,300	\$1,200	\$6,200
Family	\$700	\$4,300	\$1,200	\$6,200

**Prescription Claims:** HRA pays 100% of prescription with no HRA OOP

**HRA eligible expenses include:**

- ☒ Medical copayments
- ☒ Rx copayments
- ☐ All IRS qualified expenses
- ☒ Medical deductible
- ☒ Rx coinsurance
- ☒ Medical coinsurance

See HRA plan document for complete details (by request)



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<b>VEHI Gold CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$643.86	\$515.09	\$128.77	\$70.24
Two-Person	\$1209.20	\$967.36	\$241.84	\$131.91
Parent/Child(ren)	\$995.43	\$796.34	\$199.09	\$108.59
Family	\$1783.50	\$1426.80	\$356.70	\$194.56

- ☒ You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- ☒ Your HRA will be administered by: DataPath
- ☒ You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Gold CHDP** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>Total BCBS OOP maximum</b>
Single	\$300	\$2,200	\$2,500
2 Person	\$700	\$4,300	\$5,000
Parent/Child(ren)	\$700	\$4,300	\$5,000
Family	\$700	\$4,300	\$5,000

**Prescription Claims:** HRA pays 100% of prescription with no HRA OOP

**HRA eligible expenses include:**

- ☒ Medical copayments
- ☒ Rx copayments
- ☐ All IRS qualified expenses
- ☒ Medical deductible
- ☒ Rx coinsurance
- ☒ Medical coinsurance

See HRA plan document for complete details (by request)



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**YOUR COST-SHARE FOR EACH OF THE VEHI HEALTH PLAN OPTIONS**

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<b>VEHI Silver CDHP</b>	<b>Total Monthly Cost</b>	<b>Employer Monthly Cost</b>	<b>Employee Monthly Cost</b>	<b>Employee Cost Per Payroll</b>
Single	\$555.07	\$515.09	\$39.98	\$21.81
Two-Person	\$1110.15	\$967.36	\$142.79	\$77.89
Parent/Child(ren)	\$935.70	\$796.34	\$139.36	\$76.01
Family	\$1579.56	\$1426.80	\$152.76	\$83.32

- ☒ You have an Employer Health Reimbursement Arrangement (HRA) – see terms below
- ☒ Your HRA will be administered by: DataPath
- ☒ You have the option of a Flexible Spending Account (FSA) – please complete separate form

Your HRA plan design for the **VEHI Silver CHDP** is:

<b><u>Medical Claims:</u></b>	<b>HRA OOP (EE Pays First)</b>	<b>HRA Pays</b>	<b>HRA OOP (EE pays after HRA)</b>	<b>Total BCBS OOP maximum</b>
Single	\$300	\$2,200	\$1,500	\$4,000
2 Person	\$700	\$4,300	\$3,000	\$8,000
Parent/Child(ren)	\$700	\$4,300	\$3,000	\$8,000
Family	\$700	\$4,300	\$3,000	\$8,000

**Prescription Claims:** HRA pays 100% of prescription with no HRA OOP

**HRA eligible expenses include:**

- ☒ Medical copayments
- ☒ Rx copayments
- ☐ All IRS qualified expenses
- ☒ Medical deductible
- ☒ Rx coinsurance
- ☒ Medical coinsurance

See HRA plan document for complete details (by request)